

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
JAN 8 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

41698

State File No. \_\_\_\_\_

Registration District No. 222

Primary Registration District No. 4135-

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Cooper  
(b) City or town Pilot Grove - IAMA  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution None  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 87 yrs years, months or days

3. (a) PRINT FULL NAME JOSEPH - WITTMAN.

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Mary Brockigh 6. (c) Age of husband or wife 17 years  
7. Birth date of deceased Nov - 17 - 1854 (Month) (Day) (Year)

8. AGE: 87 Years Months 1 Days 2 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Pilot Grove Mo (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry of business Same

12. Name Peter Wittman

13. Birthplace Baden Germany (City, town, or county) (State or foreign country)

14. Maiden name Regina Beylman

15. Birthplace unknown Germany (City, town, or county) (State or foreign country)

16. (a) Informant Edgar Lemons

(b) Address Pilot Grove, Mo

17. (a) Pilot Grove, Mo (b) Date thereof Dec 22 - 1941 (Barial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Joseph Cemetery

18. (a) Signature of funeral director Edgar Lemons

(b) Address Pilot Grove Mo

19. (a) Dec. 20/41 (b) Mrs. E.B. McLutchen (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper  
(c) City or town Pilot Grove, Mo (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 19 year 1941 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from Aug 1941 to Dec 19 1941,  
that I last saw him alive on Dec 17 1941,  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis and Arteriosclerosis Duration 4 years

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations g3d

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? (City or town) (County) (State) \_\_\_\_\_

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Edgar Lemons (M. D. or other) \_\_\_\_\_

Address Pilot Grove Mo Date signed 12/20/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

220

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED  
District Health Officer, No. 88,  
District File Number  
Date Filed 1-7-42

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Myself,  
\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_,  
working under my personal supervision.

Signed

Licensed Embalmer No. 3074

P. O. Address Pilot Grove,

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**